

CERTIFICATE OF OCCUPANCY CITY OF WAVELAND

This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use.

Certificate #:1718693

Issued to: SANTO P. BAIAMONTE, JR

Building Address: 104 WAVELAND AVENUE

City, State, Zip: WAVELAND, MS 39576

Issued Date: 02-20-2018 Expires: End of occupancy

Occupancy Type: SFK Home

Sprinkler System Required: ₩

Special Condițions: NONE

Building Official

81.02-2

Date

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018

ELEVATION CERTIFICATEImportant: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION	FOR INSUR	ANCE COMPANY USE
A1. Building Owner's Name BAIAMONTE # 2017-473	Policy Numb	per:
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bidg. No.) or P.O. Ro Box No. 104 WAVELAND AVENUE 	Company NA	AIC Number:
City State WAVELAND Mississippi	ZIP Code 39576	
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Descr TAX PARCEL #: 162R-0-10-041.000	cription, etc.)	
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.)	Residential	
A5. Latitude/Longitude: Lat. 30-16-19.2 Long89-22-48.1	Horizontal Datum: NAD 1	927 🗵 NAD 1983
A6. Attach at least 2 photographs of the building if the Certificate is being used to ol	obtain flood insurance.	
A7. Building Diagram Number5		
A8. For a building with a crawlspace or enclosure(s):		
a) Square footage of crawlspace or enclosure(s) sq ft		
b) Number of permanent flood openings in the crawlspace or enclosure(s) within	in 1.0 foot above adjacent gra	de0
c) Total net area of flood openings in A8.b sq in		
d) Engineered flood openings? Yes No		
A9. For a building with an attached garage:		
a) Square footage of attached garage sq ft		
b) Number of permanent flood openings in the attached garage within 1.0 foot a	above adjacent grade	0
c) Total net area of flood openings in A9.b 0 sq in	-	
d) Engineered flood openings? ☐ Yes ☒ No		
SECTION B – FLOOD INSURANCE RATE MAP (FI	IRM) INFORMATION	D0 01 1
B1. NFIP Community Name & Community Number WAVELAND 285262 B2. County Name HANCOCK		B3. State Mississippi
B4. Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Effective/ Revised Date B7. FIRM Panel Effective/ Revised Date	(Zon	e Flood Elevation(s) e AO, use Base d Depth)
28045C 0334 D 10/16/2009 10/16/2009 VI		и обрину
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth	h entered in Item B9:	
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:		
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD	O 1988 Other/Source:	
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or	Otherwise Protected Area (O	PA)? Tyes X No
Designation Date: CBRS DPA		
The second secon		

IMPORTANT: In these spaces, copy the corresponding information from	n Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. 104 WAVELAND AVENUE	Policy Number:	
City State WAVELAND Mississippi	ZIP Code 39576	Company NAIC Number
SECTION C – BUILDING ELEVATION INFOR	RMATION (SURVEY R	EQUIRED)
*A new Elevation Certificate will be required when construction of the back C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with Complete Items C2.a–h below according to the building diagram specion Benchmark Utilized: BH0963 Vertical Data Indicate elevation datum used for the elevations in items a) through hyadron Indicate elevation datum used for the elevations in items a) through hyadron Indicate elevation datum used for the elevations in items a) through hyadron Indicate elevation datum used for the elevations in items a) through hyadron Indicate elevation datum used for the elevations must be the same as that used for the a) Top of bottom floor (including basement, crawlspace, or enclosure for the lowest higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) g) Highest adjacent grade at lowest elevation of deck or stairs, including hybrid by the building (LAG) h) Lowest adjacent grade at lowest elevation of deck or stairs, including	ith BFE), AR, AR/A, AR iffed in Item A7. In Puerlatum: NAVD 1988 below. the BFE. floor)	/AE, AR/A1–A30, AR/AH, AR/AO.
structural support	A DOUITECT CERTIES	ICATION
SECTION D – SURVEYOR, ENGINEER, OR A This certification is to be signed and sealed by a land surveyor, engineer, or I certify that the information on this Certificate represents my best efforts to statement may be punishable by fine or imprisonment under 18 U.S. Code, Were latitude and longitude in Section A provided by a licensed land survey	r architect authorized by interpret the data availa Section 1001.	law to certify elevation information.
Certifier's Name License Number JASON P. CHINICHE P.E. 19732		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Title PROJECT MANAGER Company Name JAMES J. CHINICHE, PA, INC. Address 412 HWY. 90, SUITE 2 City BAY ST. LOUIS Signature	ZIP Code 39520	P. CHINGS PROFESSOR THE PROFESSOR PR
Signature Date 12/01/2017	Telephone (228) 464-6755	
Copy all pages of this Elevation Certificate and all attachments for (1) communit	ty official, (2) insurance a	agent/company, and (3) building owner.
Comments (including type of equipment and location, per C2(e), if applicable NOTE: The description in A3. above is for information only & not to certify the map in section B4. Recommend verification of (BFE) by local building official Owner is responsible for coordinating this certificate with Contractor and/or E Section C2.e) equipment is A/C condenser on elevated platform.	e building location. The I. The flood zone is dete	ermined by graphic plotting only.

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE	
Building Street Address (including Apt., Unit, Suite, and/o 104 WAVELAND AVENUE	r Bldg. No.) or P.O. Route and Box	No. Policy Number:
City Sta WAVELAND Mis	te ZIP Code sissisppi 39576	Company NAIC Number
	ATION INFORMATION (SURVE AO AND ZONE A (WITHOUT BF	
For Zones AO and A (without BFE), complete Items E1–E complete Sections A, B,and C. For Items E1–E4, use natuenter meters.		
E1. Provide elevation information for the following and che the highest adjacent grade (HAG) and the lowest gra		whether the elevation is above or below
 a) Top of bottom floor (including basement, crawlspace, or enclosure) is 	X feet [meters above or below the HAG.
b) Top of bottom floor (including basement, crawlspace, or enclosure) is	× feet [meters above or below the LAG.
E2. For Building Diagrams 6–9 with permanent flood oper the next higher floor (elevation C2.b in	nings provided in Section A Items	3 and/or 9 (see pages 1–2 of Instructions),
the diagrams) of the building is	🔀 feet [meters above or below the HAG.
E3. Attached garage (top of slab) is	🗵 feet [meters above or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	🔀 feet [meters above or below the HAG.
E5. Zone AO only: If no flood depth number is available, i floodplain management ordinance? Yes N		ed in accordance with the community's all must certify this information in Section G.
SECTION F - PROPERTY OWNER	R (OR OWNER'S REPRESENTAT	IVE) CERTIFICATION
The property owner or owner's authorized representative v community-issued BFE) or Zone AO must sign here. The s	vho completes Sections A, B, and statements in Sections A, B, and E	E for Zone A (without a FEMA-issued or are correct to the best of my knowledge.
Property Owner or Owner's Authorized Representative's N	ame	
Address	City	State ZIP Code
Signature	Date	Telephone
Comments		

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 104 WAVELAND AVENUE City State ZIP Code Company NAIC Number WAVELAND Mississippi 39576 SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters. G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor. engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. The following information (Items G4–G10) is provided for community floodplain management purposes. G4. Permit Number G5. Date Permit Issued G6. Date Certificate of Compliance/Occupancy Issued G7. This permit has been issued for: ☐ New Construction ☐ Substantial Improvement G8. Elevation of as-built lowest floor (including basement) feet meters Datum of the building: feet meters G9. BFE or (in Zone AO) depth of flooding at the building site: ______. Datum feet meters G10. Community's design flood elevation: Datum Title Local Official's Name Community Name Telephone Signature Date Comments (including type of equipment and location, per C2(e), if applicable) Check here if attachments.

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 104 WAVELAND AVENUE			Policy Number:
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW 12/01/2017



Photo Tw

Photo Two Caption REAR VIEW 12/01/2017

U.S. DEPARTMENT OF HOMELAND SECURITY ☐ Paderal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					FOR INSUI	RANCE COMPANY USE	
A1. Building Owner's Name BAIAMONTE # 2017-264					Policy Num	ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 104 WAVELAND AVENUE				Company N	NAIC Number:		
City WAVELAND				State Mississippi		ZIP Code 39576	
A3. Property Description TAX PARCEL #: 16		id Block Numbers, Tax .000	Parce	l Number, Legal De	scription, etc.)		
A4. Building Use (e.g., Resident	ial, Non-Residential, A	ddition	, Accessory, etc.)	Residential		
A5. Latitude/Longit	ude: Lat. <u>30</u>	-16-19.2	_ong. <u>-</u> 8	39-22-48.1	Horizontal Datum	n: NAD	1927 X NAD 1983
A6. Attach at least	2 photograph	s of the building if the	Certific	ate is being used to	o obtain flood insur	ance.	
A7. Building Diagra	m Number	5					
A8. For a building v	with a crawlsp	pace or enclosure(s):					
a) Square foot	age of crawls	pace or enclosure(s)		0 sq ft			
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net are	ea of flood op	enings in A8.b0	s	sq in			
d) Engineered	flood opening	gs? ☐ Yes ⊠ No)				
A9. For a building v	vith an attach	ed garage:				*	
a) Square foot	age of attach	ed garage0		sq ft			
b) Number of p	permanent flo	od openings in the atta	ached g	garage within 1.0 foo	ot above adjacent g	grade	0
c) Total net are	ea of flood op	enings in A9.b	0	sq in			-
d) Engineered	flood opening	gs? ☐ Yes ☒ No	n	-			
, ,		,	-				
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi WAVELAND 28526		ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ine AO, use Base
28045C 0334	D	10/16/2009		evised Date 5/2009	VE	21	od Depth)
2002000		Base Flood Elevation (epth entered in Iten	n B9:	
☐ FIS Profile	X FIRM [Community Determ	iined [Other/Source: _			
B11. Indicate eleva	tion datum us	sed for BFE in Item B9	: 🔲 N	GVD 1929 🗵 NA	√VD 1988	her/Source:	<u> </u>
B12. Is the building	located in a	Coastal Barrier Resou	rces S	ystem (CBRS) area	or Otherwise Prote	ected Area (OPA)? ☐ Yes ☒ No
Designation D	ate:		CBRS	☐ OPA			#=50

IMPORTANT: In these spaces, copy the corresponding information from Sect	ion A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route 104 WAVELAND AVENUE	Policy Number:	
City State ZIP C WAVELAND Mississippi 39576	7.972.059250	Company NAIC Number
SECTION C - BUILDING ELEVATION INFORMATI	ON (SURVEY R	EQUIRED)
	ing Under Construg is complete. E), AR, AR/A, AR/ Item A7. In Puert NAVD 1988	uction* Finished Construction /AE, AR/A1–A30, AR/AH, AR/AO.
b) Top of the next higher floor	N/A	X feet meters
c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab)	25. 7 N/A.	X feet meters meters
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	N/A	X feet meters
f) Lowest adjacent (finished) grade next to building (LAG)	<u>12</u> . <u>0</u>	X feet meters
g) Highest adjacent (finished) grade next to building (HAG)	<u>12</u> . <u>3</u>	✓ feet ☐ meters
 h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support 	N/A	X feet meters
SECTION D – SURVEYOR, ENGINEER, OR ARCI	HITECT CERTIF	ICATION
This certification is to be signed and sealed by a land surveyor, engineer, or archill certify that the information on this Certificate represents my best efforts to interpstatement may be punishable by fine or imprisonment under 18 U.S. Code, Section Were latitude and longitude in Section A provided by a licensed land surveyor?	ret the data availa	r law to certify elevation information. able. I understand that any false Check here if attachments.
Certifier's Name License Number JASON P. CHINICHE P.E. 19732		
Title PROJECT MANAGER		SON P. CHINASED PROFESSION CHINASED PROFESSION CHINASED PROFESSION CHINASED CHINASED CONTRACTOR CON
Company Name JAMES J. CHINICHE, PA, INC.		Seal A Here
Address 412 HWY. 90, SUITE 2		19732
- 1000	ZIP Code 39520	OF MISSISS PROPERTY OF THE PRO
	Telephone (228) 464-6755	
arphiopy all pages of this Elevation Certificate and all attachments for (1) community offi	cial, (2) insurance	agent/company, and (3) building owner.
Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3. above is for information only & not to certify the buil map in section B4. Recommend verification of (BFE) by local building official. The Owner is responsible for coordinating this certificate with Contractor and/or Buildin Section C2.c) is top of column.	e flood zone is det	ermined by graphic plotting only.

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE					
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 104 WAVELAND AVENUE	Policy Number:					
CityStateZIP CodeWAVELANDMississippi39576	Company NAIC Number					
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE)						
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support complete Sections A, B,and C. For Items E1–E4, use natural grade, if available. Check the measure enter meters.	ement used. In Puerto Rico only,					
E1. Provide elevation information for the following and check the appropriate boxes to show whether the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement,	er the elevation is above or below					
crawlspace, or enclosure) is	rs above or below the HAG.					
crawlspace, or enclosure) is X feet mete						
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or the next higher floor (elevation C2.b in the diagrams) of the building is						
E3. Attached garage (top of slab) is						
E4. Top of platform of machinery and/or equipment servicing the building is X feet mete	rs above or below the HAG.					
E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in ac floodplain management ordinance?	ccordance with the community's certify this information in Section G.					
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) C	ERTIFICATION					
The property owner or owner's authorized representative who completes Sections A, B, and E for Zo community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are co	one A (without a FEMA-issued or rrect to the best of my knowledge.					
Property Owner or Owner's Authorized Representative's Name						
Address City St	tate ZIP Code					
Signature Date Te	elephone					
Comments						
	*					
	Check here if attachments.					

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE				
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Bo 104 WAVELAND AVENUE	ox No. Policy Number:				
City State ZIP Code WAVELAND Mississippi 39576	Company NAIC Number				
SECTION G - COMMUNITY INFORMATION (OPT	TIONAL)				
The local official who is authorized by law or ordinance to administer the community's flood Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(sused in Items G8–G10. In Puerto Rico only, enter meters.	dplain management ordinance can complete) and sign below. Check the measurement				
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)					
G2. A community official completed Section E for a building located in Zone A (without or Zone AO.	ut a FEMA-issued or community-issued BFE)				
G3. The following information (Items G4–G10) is provided for community floodplain r	nanagement purposes.				
G4. Permit Number G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for: New Construction Substantial Improve	ement				
G8. Elevation of as-built lowest floor (including basement) of the building:	feet meters Datum				
G9. BFE or (in Zone AO) depth of flooding at the building site:	feet meters Datum				
G10. Community's design flood elevation:	feet meters Datum				
Local Official's Name Title					
Community Name Telephone					
Signature Date					
Comments (including type of equipment and location, per C2(e), if applicable)					
	Check here if attachments.				

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy t	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 104 WAVELAND AVENUE			Policy Number:
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW ONLY 06/26/2017

Photo Two

Photo Two

Photo Two Caption

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

ELEVATION CERTIFICATE

National Flood Insurance Program Important: Read the instructions on pages 1–9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

		ECTION A DOCUME	DTV INCOCAL	ON T	FOR INDUMANCE COM
A1. Building Owner's Name		SECTION A – PROPE	EKTY INFORMATIO		FOR INSURANCE COMPANY USE
	TO THE PERSON OF				Policy Number:
A2. Building Street Address (104 WAVELAND AVENUE	(including Apt., Unit, Suite, an				Company NAIC Number:
City WAVELAND		State MS	ZIP Code 39576	3	
A3. Property Description (Lot TAX PARCEL #: 162R-0-10-0	and Block Numbers, Tax Par 41.000	cel Number, Legal Des	cription, etc.)	***************************************	
	30-16-19.2 Long89-22-48.1 aphs of the building if the Cert or 5 wispace or enclosure(s): wispace or enclosure(s) titlood openings in the crawlsp. 1.0 foot above adjacent grade I openings in A8.b nings?	I Horizontal Datum: ☐ ifficate is being used to a N/A sq ft bace by N/A N/A sq in	NAD 1927 NAD obtain flood insurance A9. For a buildin a) Square b) Number within 1 c) Total ne d) Enginee	eng with an attact footage of attact of permanent fluid foot above ad et area of flood openion	hed garage N/A sq ft lood openings in the attached garage lijacent grade N/A sq in logs?
	SECTION B - FEO	OD INSURANCE RA	TE WAP (FIRM) IN	IFURIVIATION	
B1. NFIP Community Name & WAVELAND 285262	Community Number	B2. County Name HANCOCK		1 2	33. State MS
B4. Map/Panel Number 28045C0344D	B5. Suffix D B6. FIRM Ind. 10/16/0	9 Effective/F	RM Panel Revised Date 116/09	B8. Flood Zone(s) VE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 21
FIS Profile S 311. Indicate elevation datum u 312. Is the building located in a Designation Date:	Coastal Barrier Resources S	NGVD 1929 🔲 ystem (CBRS) area or C	Otherwise Protected /		☐ Yes
	SECTION C - BUILDIN	NG ELEVATION INF	ORMATION (SUR)	EY REQUIRE	ED)
C1. Building elevations are bas	ed on: Construction	Drawings*	Building Under Cons		
 Elevations – Zones A1–A30 below according to the build Benchmark Utilized: <u>BH096</u> Indicate elevation datum us 	e will be required when construct, AE, AH, A (with BFE), VE, Ve	uction of the building is /1–V30, V (with BFE), A A7. In Puerto Rico only Vertical Datum: a) through h) below.	complete. AR, AR/A, AR/AE, AR v, enter meters. NAVD 1988	/A1–A30, AR/AI	Finished Construction H, AR/AO. Complete Items C2.a–h er/Source:
 Elevations – Zones A1–A30 below according to the build Benchmark Utilized: <u>BH096</u> Indicate elevation datum us 	e will be required when constru	uction of the building is /1–V30, V (with BFE), A A7. In Puerto Rico only Vertical Datum: a) through h) below.	complete. AR, AR/A, AR/AE, AR v, enter meters. NAVD 1988	/A1-A30, AR/AI /D 1988 □ Oth	H, AR/AO. Complete Items C2.a-h
 Elevations – Zones A1–A30 below according to the build Benchmark Utilized: BH096 Indicate elevation datum us Datum used for building ele a) Top of bottom floor (inclub) Top of the next higher floc) Bottom of the lowest horiz 	e will be required when construction, AE, AH, A (with BFE), VE, Ve	uction of the building is 1/1–V30, V (with BFE), A A7. In Puerto Rico only Vertical Datum: a) through h) below. that used for the BFE.	complete. AR, AR/A, AR/AE, AR, r, enter meters. NAVD 1988 I NGVD 1929 ☑ NA\ 26.0 N/A. 24.0	/A1-A30, AR/Al /D 1988 □ Oth Check tl ∑	H, AR/AO. Complete Items C2.a-h er/Source: ne measurement used. feet
 Elevations – Zones A1–A30 below according to the build Benchmark Utilized: BH096 Indicate elevation datum us Datum used for building ele a) Top of bottom floor (inclub) Top of the next higher floor) Bottom of the lowest horized) Attached garage (top of see) Lowest elevation of mach 	e will be required when construction, AE, AH, A (with BFE), VE, Ve	uction of the building is /1–V30, V (with BFE), A A7. In Puerto Rico only Vertical Datum: a) through h) below. that used for the BFE. or enclosure floor) ones only)	complete. AR, AR/A, AR/AE, AR, r, enter meters. NAVD 1988 I NGVD 1929 NAV 26.0 N/A.	/A1-A30, AR/Al /D 1988 □ Oth Check ti	H, AR/AO. Complete Items C2.a-h er/Source: ne measurement used. If feet
22. Elevations – Zones A1–A30 below according to the build Benchmark Utilized: BH096 Indicate elevation datum us Datum used for building ele a) Top of bottom floor (inclub) Top of the next higher flood Bottom of the lowest horized) Attached garage (top of see) Lowest elevation of mach (Describe type of equipment) Lowest adjacent (finished g) Highest adjacent (finished	e will be required when construction, AE, AH, A (with BFE), VE, Ve, Version diagram specified in Items of the elevations in items vations must be the same as ding basement, crawlspace, corected as tructural member (V Z elab)	uction of the building is a /1–V30, V (with BFE), A A7. In Puerto Rico only Vertical Datum: a) through h) below. that used for the BFE. or enclosure floor) tones only) the building b)	complete. AR, AR/A, AR/AE, AR v, enter meters. NAVD 1988 I NGVD 1929 ☑ NAV 26.0 N/A 24.0 N/A N/A 12.0 12.3	/A1–A30, AR/Al /D 1988 □ Oth Check tl ☑ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	H, AR/AO. Complete Items C2.a-h er/Source: ne measurement used. feet
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ELEVATION CENTIFICATE, page 4 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: 104 WAVELAND AVENUE City WAVELAND State MS ZIP Code 39576 Company NAIC Number: SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED) Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner. Comments NOTE: The description in A3. above is for information only & not to certify the building location. The Base Flood Elevaton (BFE) is per map in section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting only. Owner is responsible for coordinating this certificate with Contractor and/or Building Official as needed. Waveland freeboard = 1 ft. TBM is pink painted mark on the sw/lt rim of sewer manhole, elev. 12.8 ft. Signature Date REV 3.27.17 BUILDING ELEVATION INFORMATION (SURVEY NOT REQUIRED) FOR ZONE AO AND ZONE A (WITHOUT BFE) For Zones AO and A (without BFE), complete Items E1-E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1-E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters. E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG). a) Top of bottom floor (including basement, crawlspace, or enclosure) is b) Top of bottom floor (including basement, crawlspace, or enclosure) is E2. For Building Diagrams 6-9 with permanent flood openings provided in Section A Items 8 and/or 9 (see pages 8-9 of Instructions), the next higher floor (elevation C2.b in the diagrams) of the building is ☐ feet ☐ meters ☐ above or ☐ below the HAG. E3. Attached garage (top of slab) is E4. Top of platform of machinery and/or equipment servicing the building is _ ☐ feet ☐ meters ☐ above or ☐ below the HAG. E5. Zone AO only: If no flood depth number is available, is the top of the bottom floor elevated in accordance with the community's floodplain management ordinance? Yes No Unknown. The local official must certify this information in Section G. SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CERTIFICATION The property owner or owner's authorized representative who completes Sections A, B, and E for Zone A (without a FEMA-issued or community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are correct to the best of my knowledge. Property Owner's or Owner's Authorized Representative's Name Address City State ZIP Code Signature Date Telephone Comments Check here if attachments. SECTION G - COMMUNITY INFORMATION (OPTIONAL) The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8-G10. In Puerto Rico only, enter meters. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.) A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO. G2. 🗌 The following information (Items G4-G10) is provided for community floodplain management purposes. G4. Permit Number G5. Date Permit Issued G6. Date Certificate Of Compliance/Occupancy Issued ☐ New Construction G7. This permit has been issued for: ☐ Substantial Improvement G8. Elevation of as-built lowest floor (including basement) of the building: ☐ feet ☐ meters Datum __ G9. BFE or (in Zone AO) depth of flooding at the building site: ☐ meters ☐ feet Datum G10. Community's design flood elevation: ☐ feet ☐ meters Datum Local Official's Name Title Community Name Telephone Signature Date Comments

Check here if attachments.

ELEVATION CERTIFICATE, page 3

Building Photographs See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding inf	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 104 WAVELAND AVENUE			Policy Number:
City WAVELAND	State MS	ZIP Code 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



TBM View From Street

Rear View

WITNESSETH:

2018 1858
Recorded in the Above
Deed Book & Page
02-14-2018 11:29:38 AM
Timothy A Kellar

NONCONVERSION AGREEMENT County with CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 14 day of February, 2018 by Santo

Baiamonte III (OWNER) having an address at 109

In the City of Wave WHEREAS, the Ow	ner is the record owner of all that re land, MS, in the County of Hancock, ner has applied for a permit to place structed in accordance with the requ ment Ordinance of Number 342 and	, designated in the Tax e a structure on that pr	Records as _ roperty that ha	s an enclosed area below the	ne base
WHEREAS, the Ow conditions and restr obligations of the O and assigns.	structed in accordance with the requirement Ordinance of Number 342 and ment Ordinance of Number 342 and mer agrees to record this DECLARA ictions are placed on the affected properties on the Owner and shall be binding on the Owner and shall be be becaused by the owner and shall be becaused by the owner and shall be becaused by the owner and	ATION and certifies and roperty as a condition wher, his heirs, person	d declares tha of granting the al representati	t the following covenants, or Permit, and affects diffised ives, successors, thinks own ancock County	IOLERA TORRES
UPON THE TERMS	S AND SUBJECT TO THE CONDITI	IONS, as follows:	02	encock County (22) certify this instrument 2-14-2018 11:20:38\AM	And on the second
1. The structo	ure or part thereof to which these co	onditions apply is:	20	nd recorded in Teed Books 18 at pages 1858 × 1858	
2. At this site	, the Base Flood Elevation is ${\it ve}$	Z I feet above mean	sea level, Na	inothy A Kellar tional Geodetic Vertical Par	
access to t constructe	areas below the Base Flood Elevation the building. All interior walls, ceiling dof flood resistant materials. Mechal Elevation.	gs.and floors below the	Base Flood B	Elevation shall be unfinished	or
	of the enclosed areas below the Bas as shown on the Permit.	se Flood Elevation sha	ll be equipped	and remain equipped with	
violation.	ction issuing the Permit and enforcing Any alterations or changes from the codinsurance.	ng the Ordinance may se conditions also may	take any appr render the str	opriate legal action to correcture uninsurable or incre	ot any ase the
exterior an conducted	ointed representative of the City is a d interior of the enclosed area to ver upon due notice to the Owner and r nducted if an annual inspection disc	rify compliance with th no more frequently tha	is Declaration. n once each y	Such inspections will be	
7. Other cond	itions:		. 14		
In witness	whereof the undersigned set their ha		day of	Fub , 20 /8	
Timothy Chane By	Owner (Sefel) A restiar Ery Clert DC	ERY COUNTY TO THE PROPERTY OF	authority in a on this my jurisdiction who acknowled	the within part	ersigned ate, 2 within 5 <i>Daharda</i>
/	IN CONTINUESION	WVALLOR DOS. 4.1			

*** Certified Copy Page ***

I, Timothy A Kellar, Chancery Clerk, do hereby certify that the foregoing is a FULL, TRUE and CORRECT copy of the Instruments(s) herewith set out as same appears of record in: Deed BOOK - 2018, AT PAGE - 1858 in said court.

Witness my hand and seal this 14 Day of February, 2018.

Chancery Clerk
Hancock County, MS
DC:

Printed: 02-14-2018 11:30:10 AM Optical file reference: D742.7E2

V-ZONE CERTIFICATE

Name: Biamonte

Policy Number (Insurance Co. Use):

Building Address or

Other Description: 104 Waveland Ave

City: Waveland

State: Mississippi

Zip Code: 39576

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community Number:285262 Panel Number:28047C-0332 Suffix:G Date of FIRM Index: 10/16/09 FIRM Zone: VE 21

SECTION II: Elevation Information

Note: This Certificate does not substitute for an Elevation Certificate

1.	Elevation of the Bottom of Lowest Horizontal Structural Member	24.0 feet (NAVD)
2.	Base Flood Elevation (BFE)	21.0 feet (NAVD)
3.	Elevation of Lowest Adjacent Grade	12.0 feet (NAVD)
	Approximate Depth of Anticipated Scour/Erosion used for Foundation Design	
5.	Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade	3.0 feet
	SECTION III: V-Zone Certification Statement	

Note: This section must be certified by a registered engineer or architect

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used are in accordance with accepted standard of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE; and
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement Note: This section must be certified by a registered engineer or architect

When breakaway walls exceed a design safe loading resistance of 20 pounds per square foot

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement, or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values to be used are defined in Section III).

SECTION V: Certification

Signature below certifies: X Section III; Section IV

Certifiers Name: Stuart Williamson, P.E., C.F.M.

Compass Floodplain Consultants, LLC

Company Name: License Number: 13199

Address: P.O. Box 3145

Title: Civil Engineer City: Bay St Louis

State: Mississippi

Date: 03/20/17

Telephone Number: (

Home Builders Guide to Coastal Construction

nd Construction Certification